



FRESNO POLICE DEPARTMENT VOLUNTEER APPLICATION

Please print or type; you may include a resume or additional pages, as needed

Name: _____
(Last) (First) (Middle)

Previous Names (if Applicable) _____

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Date of Birth: _____

California Drivers License Number: _____ Expires: _____

E-mail address: _____

List residences for the last five years. List your current address first:

1. _____
(Street, City, State, Zip Code and length of time at residence)

2. _____
(Street, City, State, Zip Code and length of time at residence)

Employment history for the last five years, beginning with the most recent position:

1. _____
(Company name, your position, employer telephone number and length of employment)

2. _____
(Company name, your position, employer telephone number and length of employment)

Are you bilingual? Yes _____ No _____ If yes, what is your second language? _____

Second language proficiency - **Speak:** (Circle one) Fair Good Excellent; **Read:** (Circle one) Fair Good Excellent

***A RESUME MAY BE SUBMITTED IN LIEU OF, OR IN ADDITION TO, THE EDUCATION AND EXPERIENCE SECTIONS BELOW**

*Education and training: _____
(List highest level of education and any specialized training received, including military)

*Describe specific skills and/or experiences you have that would be helpful as a volunteer (include information such as knowledge of administrative/office functions, software programs, financial management, event planning, translation, etc.):

☐ I am applying for any opportunity relevant to my skills, or: _____
(List specific position)

Approximate number of hours per week you can volunteer: _____

List days/hours available: _____

List one personal or professional reference:

1. _____
(Name) (Address) (City) (State) (Zip Code) (Phone)

List any arrests (charges, dates of arrest, and disposition—*excluding* traffic tickets): _____

How did you hear about the Police Volunteer Program? () Citizen Corps () Referral () C.P.A. () Other If other, explain:

In case of emergency, contact: _____
(Name, Address, Phone Number and Relationship)

Signature: _____ Date: _____

Can you refer another possible candidate for the program?

(Name) (Mailing Address or email address) (Phone Number)



Fresno Citizen Corps – CitizenCorps@Fresno.gov
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Fresno, California 93721
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